

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 2000-0098  
GSA No. 0246-EPA-OT Expiration Date 12/31/86

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		NOTIFICATION OF HAZARDOUS WASTE ACTIVITY											
I. INSTALLATION'S EPA I.D. NO.		PLEASE PLACE LABEL IN THIS SPACE													
II. NAME OF INSTALLATION															
III. INSTALLATION MAILING ADDRESS															
IV. LOCATION OF INSTALLATION															
INSTRUCTIONS: If you received a pre-printed label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a pre-printed label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).															
FOR OFFICIAL USE ONLY															
COMMENTS															
<table border="1"> <tr> <td>INSTALLATION'S EPA I.D. NUMBER</td> <td>APPROVED</td> <td>DATE RECEIVED (yr., mo., &amp; day)</td> </tr> <tr> <td>FCAD00138146621</td> <td>A</td> <td>851120</td> </tr> </table>						INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)	FCAD00138146621	A	851120				
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FCAD00138146621	A	851120													
I. NAME OF INSTALLATION															
MCKESSON PLAZA BUILDING															
II. INSTALLATION MAILING ADDRESS															
STREET OR P.O. BOX															
ONE POST STREET															
CITY OR TOWN															
SAN FRANCISCO															
ST. ZIP CODE															
CA 94104															
075															
III. LOCATION OF INSTALLATION															
STREET OR ROUTE NUMBER															
ONE POST STREET															
CITY OR TOWN															
SAN FRANCISCO															
ST. ZIP CODE															
CA 94104															
IV. INSTALLATION CONTACT															
NAME AND TITLE (last, first, & job title)															
LOUISE WILSON															
PHONE NO. (area code & no.)															
415-434-4753															
V. OWNERSHIP															
A. NAME OF INSTALLATION'S LEGAL OWNER															
CROCKER PLAZA CORPORATION															
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))															
<table border="1"> <tr> <td>F - FEDERAL</td> <td><input type="checkbox"/></td> <td>A. GENERATION</td> <td><input type="checkbox"/></td> <td>X. TRANSPORTATION (complete item VII)</td> </tr> <tr> <td>NS - NON-FEDERAL</td> <td><input type="checkbox"/></td> <td>X. TREAT/STORE/DISPOSE</td> <td><input type="checkbox"/></td> <td>B. UNDERGROUND INJECTION</td> </tr> </table>						F - FEDERAL	<input type="checkbox"/>	A. GENERATION	<input type="checkbox"/>	X. TRANSPORTATION (complete item VII)	NS - NON-FEDERAL	<input type="checkbox"/>	X. TREAT/STORE/DISPOSE	<input type="checkbox"/>	B. UNDERGROUND INJECTION
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NS - NON-FEDERAL	<input type="checkbox"/>	X. TREAT/STORE/DISPOSE	<input type="checkbox"/>	B. UNDERGROUND INJECTION											
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))															
<table border="1"> <tr> <td><input type="checkbox"/> A. AIR</td> <td><input type="checkbox"/> B. RAIL</td> <td>X. C. HIGHWAY</td> <td><input type="checkbox"/> D. WATER</td> <td><input type="checkbox"/> E. OTHER (specify):</td> </tr> </table>						<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	X. C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):					
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VIII. FIRST OR SUBSEQUENT NOTIFICATION															
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.															
<table border="1"> <tr> <td>X. A. FIRST NOTIFICATION</td> <td><input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)</td> </tr> </table>						X. A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)								
X. A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)														
IX. DESCRIPTION OF HAZARDOUS WASTES															
Please go to the reverse of this form and provide the requested information. ASBESTOS															
C. INSTALLATION'S EPA I.D. NO.															

**K. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55
7	8	9	10	11	12
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55
19	20	21	22	23	24
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55
25	26	27	28	29	30
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55
37	38	39	40	41	42
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55
43	44	45	46	47	48
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D004)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

*Kevin Wilson*

General Manager

11/18/85

# CROCKER PLAZA COMPANY

a McKesson Corporation company

ONE POST STREET • SUITE 1875 • SAN FRANCISCO, CALIFORNIA 94104 • (415) 434-4753

November 18, 1985

## HAND DELIVER

U. S. Environmental Protection  
Agency  
215 Fremont Street  
San Francisco, CA 94105

Re: One Post Street Building  
San Francisco, CA 94104

Gentlemen:

Please find enclosed the E.P.A. Notification of Hazardous Waste Activity report, dated November 18, 1985, advising you of our intent to remove and dispose of asbestos fireproofing material from the One Post Street building in San Francisco, California.

Very truly yours,

CROCKER PLAZA COMPANY

  
Louise Wilson  
General Manager

LW/dn  
Enclosure

cc: John Delaney  
Phil Slatin